FEC FORM 1

STATEMENT OF ORGANIZATION

| FOF | RM 1 | | ORGANIZATION | | | | | | | |
|---|------------------------------------|--------------------|------------------|----------------------------|--------------|--|---------------|-----------------|---------------------------------|--|
| | | (See instructions) | | | | | | Office use only | | |
| 1. NAME COMM | E OF MITTEE (i | n full) | | (Check if name is changed) | Exar over | mple: If typying, type the lines | 12FE | 4M5 | | |
| CON | SOLIDA | TED EDI | SON INC E | MPLOYEES' | POLITICA | L ACTION COMI | MITTEE (C | EIPAC) | | |
| ســــــــــــــــــــــــــــــــــــــ | | | ш | | ш | | | шш | | |
| ADDRESS | number an | d street) | 4 IRV | ING PLACE | | | | | | |
| (Che | eck if addre | ss | ROO | M 506 | | | | | | |
| is ch | anged) | | NEW | YORK | | | N Y | | 10003 | |
| | | | | | CITY▲ | | STATE | • | ZIP CODE 🛦 | |
| (Che | EE'S E-M eck if addre anged) | | | provide only one | | ess) | | | | |
| COMMITTEE'S WEB PAGE ADDRESS (URL) | | | | | | | | | | |
| , | eck if addre nanged) | ss | | | | | | | | |
| 2. DATE M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | | | | | | | |
| 3. FEC IDENTIFICATION NUMBER C C00407635 | | | | | | | | | | |
| 4. IS THIS STATEMENT NEW (N) OR X AMENDED (A) | | | | | | | | | | |
| I certify that | I have exa | mined this | Statement and | to the best of my | knowledge an | d belief it is true, corre | ct and comple | te | | |
| Type or Print Name of Treasurer ROBERT MUCCILO | | | | | | | | | | |
| Signature o | of Treasur | er El <u>ec</u> | tronically Filed | by ROBER | T MUCCIL | .0 | Date | 10 M | 20 / Y Y Y Y Y | |
| NOTE: Sub | mission of | false, erron | | | | he person signing this | | | of 2 U.S.C. §437g. | |
| | Office Use Only | | | | | For further informat Federal Election Com Toll Free 800-424-95 Local 202-694-1100 | ımission | | FEC FORM 1 (Revised 02/2009) | |